11321

MARYLAND 11321

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 51

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons X
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Albert (Last) Abbott

4. DATE OF DEATH (Month) Dec. (Day) 13 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH 7 1878

9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Waterman

11. BIRTHPLACE (State or foreign country) Solomons, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Javety T. Abbott

14. MOTHER'S MAIDEN NAME Alice M. Files

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS Ella F. Thrift - Solomons Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Creek (CITY OR TOWN) Slomons (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 15 p.m., from the causes and on the date stated above.

SIGNATURE H. Weems (Degree or title) Md ADDRESS Huntingtown Md DATE SIGNED 12/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Dec. 15, 1954 NAME OF CEMETERY OR CREMATORY Solomons Methodist LOCATION (City, town, or county) Solomons (State) Md.

DATE REC'D BY LOCAL REG. 12/15/54 REGISTRAR'S SIGNATURE H W Ward

24. FUNERAL DIRECTOR A. A. Harkness Sons ADDRESS Mutual, Md.

acting Medical examiner

RECEIVED
DEC 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11322

11322 CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Calvert MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Dare

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Dec. 17, 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months 11 Days 16 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if "retired"): Farming

10B. KIND OF BUSINESS OR INDUSTRY: Farm + Rural Route

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Dare

14. MOTHER'S MAIDEN NAME: Eliza Jane Dowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-12-9096

17. INFORMANT & ADDRESS: Edna Dare - Lusby, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) — arteriosclerosis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 19 54, to 12-3, 19 54, that I last saw the deceased alive on Dec 3 1954, and that ~~death occurred at~~ 5 45 M, from the causes and on the date stated above.

SIGNATURE Edna Dare M. D. ADDRESS Lusby DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Dec. 5, 1954; NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery; LOCATION (City, town, or county) (State) Lusby - Calvert Co., - Md

DATE REC'D BY LOCAL REGISTRAR 12/4/54; REGISTRAR'S SIGNATURE R. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

RECEIVED
DEC 7 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11323

11323 **CERTIFICATE OF DEATH** Reg. Dist. No. 57

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Plum Point
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Plum Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) Norval (Last) Dixon

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH: Apr. 29, 1894 | 9. AGE last birthday 60 yrs. | IF UNDER 1 YEAR: Months 8 Days 10 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-Employed | 10B. KIND OF BUSINESS OR INDUSTRY: Storekeeper | 11. BIRTHPLACE (State or foreign country): Calvert Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph A. Dixon | 14. MOTHER'S MAIDEN NAME: Hester C. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Lillian B. Dixon Plum Point

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

0027
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1938, to 12/27, 1954, that I last saw the deceased alive on 12/20, 1954, and that death occurred at 9 A.M, from the causes and on the date stated above.

SIGNATURE H. Weems M.D. ADDRESS Huntingtown DATE SIGNED 12/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec. 29 1954 | NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery | LOCATION (City, town, or county) Plum Point (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-28-54 | REGISTRAR'S SIGNATURE A. W. Ward | 24. FUNERAL DIRECTOR G. A. Harkness & Son - Mutual ADDRESS

RECEIVED
DEC 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11324

Item 8, FilmG175 [illegible]-54 et 11324

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dunkirk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dunkirk
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Freeland

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. (SINGLE,) MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11-22-1876 1/8/4/6
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Freeland
14. MOTHER'S MAIDEN NAME: — P

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 184-10875L
17. INFORMANT & ADDRESS: Martha Tyler Dunkirk, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Art. Sclerotic C.V. disease — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Dec 8, 1954, that I last saw the deceased alive on Dec 8, 1954, and that death occurred at 7:20 PM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M.D. Prince Frederick DATE SIGNED

23. (BURIAL) CREMATION, REMOVAL (SPECIFY) DATE THEREOF 12-11-54 NAME OF CEMETERY OR CREMATORY Patuxent Md LOCATION (City, town, or county) Huntingtown (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-10-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Fred. ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
DEC 13
BUREAU V. S.

MARYLAND 11325

STATE DEPARTMENT OF HEALTH 11325

CERTIFICATE OF DEATH

Reg. Dist. No. 51

Item 9. Film G175 12-30-54 et

1. PLACE OF DEATH: COUNTY Calvert County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Prince Frederick Md

3. NAME OF DECEASED (Type or Print) (First) James (Middle) I (Last) Greenfield

4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Feb 8-1866

9. AGE last birthday 88 yrs. 87 If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Western Electric

10b. KIND OF BUSINESS OR INDUSTRY Electric

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Greenfield

14. MOTHER'S MAIDEN NAME Eva Gatton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. 213-22-0373

17. INFORMANT AND ADDRESS Mrs Geo. Humphreys - Solomons, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) (b) Generalized arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec 13-1954

19b. MAJOR FINDINGS OF OPERATION Fractured Hip

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) MD

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13 1954, to Dec 22 1954, that I last saw the deceased alive on Dec 22 1954, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Willard ADDRESS St Leonard DATE SIGNED 12/22

23. BURIAL, CREMATION REMOVAL (Specify) Buried

DATE Dec. 24, 1954

NAME OF CEMETERY OR CREMATORY Middleham Chapel Cem.

LOCATION (City, town, or county) Lusby - Calvert Co. (State) Md

DATE REC'D BY LOCAL REG. 12-22-54

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11326

CERTIFICATE OF DEATH

11326 Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Franks (Middle) B. (Last) Grover

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 16, 1883

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR: Months 4 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Yorktown Plant Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Fireman

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Grover

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 213-16-2882

17. INFORMANT & ADDRESS: Calvin N. Grover - Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Degeneration — Interval Between Onset And Death: 2 1/2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Senility — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓ **19b. MAJOR FINDINGS OF OPERATION** ✓ **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Dec., 1954, that I last saw the deceased alive on 12/5, 1954, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. S. Foster M.D. — ADDRESS Solomons, Md — DATE SIGNED 12/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 8, 1954 — NAME OF CEMETERY OR CREMATORY St. Pauls Cem. — LOCATION (City, town, or county) (State) Lusby - Calvert Co., Md

DATE REC'D BY LOCAL REGISTRAR 12/7/54 — REGISTRAR'S SIGNATURE A.E.S. Foster

24. FUNERAL DIRECTOR C. A. Harkness & Son - Mutual, Md — ADDRESS

Item 7 Filmc174 12-13-54 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11327

11327

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pr Frederick
LENGTH OF STAY (in this place) 3 3/4 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pr Frederick, MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Jackson

4. DATE OF DEATH (Month) 12 (Day) 1 (Year) 1954

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 31, 1912
9. AGE last birthday: 42 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: E. Jackson
14. MOTHER'S MAIDEN NAME: Ella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Self. (Hospital Records)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on 12/1, 1954, and that death occurred at 4 45 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Prince Frederick DATE SIGNED 12/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 12-3-54 NAME OF CEMETERY OR CREMATORY U. of Md. School of Medicine LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-3-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Pr. Fred., Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

11328

MARYLAND

STATE DEPARTMETT OF HEALTH

11328

CERTIFICATE OF DEATH

Reg. Dist. No. 51

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Erkhart (Middle) (Last) Mackall

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1954

5. SEX M.

6. COLOR OR RACE C

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 3-23-1905

9. AGE last birthday 49 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME Emma Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 218-12-9871

17. INFORMANT AND ADDRESS Mary Chase Chesapeake Beach, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

X 1 2 X

Immediate cause (a) Broken neck Fractured skull

Antecedent cause(s) (b) Chest crushed

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Auto accident

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway

(CITY OR TOWN) Calvert W. Beach (COUNTY) (STATE)

TIME OF INJURY (Month) 12 (Day) 25 (Year) 54 (Hour) 1 A.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Hit by car

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:35 A.m., from the causes and on the date stated above.

SIGNATURE H. W. Ward D.M.E. (Degree or title) ADDRESS Dunkirk Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE 12-28-54

NAME OF CEMETERY OR CREMATORY Coopers Chapel

LOCATION (City, town, or county) Calvert, Co. (State) Md.

DATE REC'D BY LOCAL REG. 12-27-54

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell Pr. Fred, Md ADDRESS

11330

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11329

CERTIFICATE OF DEATH

Item 7, Film G174, 12/17/54 Icy

Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Plum Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Plum Point
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Maryland (Middle) Alice (Last) Morsell

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 15, 1902 4-10-54
9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wilcis Sewell
14. MOTHER'S MAIDEN NAME: Mary F Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Howard Morsell Plum Point

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 , to ..... , 19 .., that I last saw the deceased alive on ....., 19 ...., and that death occurred at 3:30 P.M. from the causes and on the date stated above.

SIGNATURE Roger Scott ADDRESS M. D. Prince Frederick DATE SIGNED 12/8/54

23. (BURIAL) CREMATION, REMOVAL (SPECIFY) DATE THEREOF 12-4-54 NAME OF CEMETERY OR CREMATORY Plum Point LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-9-54 REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Fred. Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

11331

STATE DEPARTMETT OF HEALTH

MARYLAND 11330

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
MARYLAND
LENGTH OF STAY (in this place) 23 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williams
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) (Last) Ogden

4. DATE OF DEATH (Month) Dec (Day) 11 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH February 22 1895

9. AGE last birthday 59 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Plum Point Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Jas Ogden

14. MOTHER'S MAIDEN NAME Hollie Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service) Yes WWI

16. SOCIAL SECURITY NO. 219-07-0867

17. INFORMANT AND ADDRESS Mrs Robert Trott - Huntingtown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) auricular fibrillation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/28, 1954, to 12/11, 1954, that I last saw the deceased alive on 12/11, 1954, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial

DATE Dec. 14 1954

NAME OF CEMETERY OR CREMATORY Emanuel Cemetery

LOCATION (City, town, or county) (State) Plum Point, Md

DATE REC'D BY LOCAL REG. 12-13-54

REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR O. O. Harkness & Son

ADDRESS Mutual, Md

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11332

11331

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick

LENGTH OF STAY (in this place) 3½ hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert & K

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barstow

STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) A. (Last) Stafford

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: May 5, 1913

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Calvert Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Stafford

14. MOTHER'S MAIDEN NAME: Rebecca Tucker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Frank Stafford - Barstow, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X

Immediate cause (a) Abdominal Hemorrhage — Interval Between Onset And Death 3½ hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ruptured spleen

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hit by auto

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide

PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Highway

(CITY OR TOWN) Barstow (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 12 (Day) 31 (Year) 54 (Hour) 9.00 P.M.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Walked into an auto

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9.05 pm, from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) M.Z. ADDRESS Owing Md DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan 2, 1955

NAME OF CEMETERY OR CREMATORY Ashway Cemetery

LOCATION (City, town, or county) Barstow - (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-2-55

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11333

11332

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: P
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: T.
14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-16-0558
17. INFORMANT & ADDRESS: Wm Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Colon — Interval Between Onset And Death 12 wo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: DUE TO (b) Metastasis DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1954, to 12/22/54, 19....., that I last saw the deceased alive on 12/20, 1954, and that death occurred at 9:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Ward Owings ADDRESS Md DATE SIGNED 12/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-24-54 NAME OF CEMETERY OR CREMATORY Rehoboth Church LOCATION (City, town, or county) Owings (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-22-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Jewell Pr. Fred ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 28 1954
BUREAU V. S.